

MAR 25 2009

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GUNNISON, McKAY & HODGSON, LLP**FACSIMILE TRANSMISSION**

To: Commissioner for Patents From: Serge J. Hodgson
Fax: 571-273-8300 Total no. of pages: 3 (including this page)
Date: March 25, 2009

Re: First Named Inventor: Gary M. Moore
Assignee: Moore Epitaxial Inc.
Title: GAS FLOW CONTROLLER SYSTEM
Application No.: 09/399,611 Filing Date: September 20, 1999
Patent No.: 6,799,603 Issue Date: October 5, 2004
Attorney Docket No.: MTEC1010

Enclosed herewith is a Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (2 pages).

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on the date shown below.

Mona Marshall
Mona Marshall

March 25 2009
Date of Signature

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MAR 25 2009

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/399,611
	Filing Date	September 20, 1999
	Patent Number	6,799,603
	Issue Date	October 5, 2004
	First Named Inventor	Gary M. Moore
	Attorney Docket Number	MTEC1010

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application; and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number 23513

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

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<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
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Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

1.	<input checked="" type="checkbox"/>	I/We have given reasonable notice to the client, prior to the expiration of the response period that the practitioner(s) intend to withdraw from employment
2.	<input checked="" type="checkbox"/>	I/We have advised the client or a duly authorized representative of the client that all papers and property to which the client is entitled will be returned upon receipt of written directions for return. No funds are involved.
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Change the correspondence address and direct all future correspondence to:			
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____			
OR			
B. <input checked="" type="checkbox"/> Inventor or Assignee name Moore Epitaxial, Inc.			
Address 1905 N. MacArthur Drive			
City Tracy		State CA	Zip 95376 Country US
Telephone		Email	
I am authorized to sign behalf of myself and all withdrawing practitioners.			
Signature <i>Forest Gunnison (FOREST GUNNISON)</i>		Reg No. 32,899	
Name Serge J. Hodgson		Registration No. 40,017	
Address Gunnison, McKay & Hodgson, L.L.P. 1900 Garden Road, Suite 220			
City Monterey		State CA	Zip 93940 Country US
Date	March 25, 2009		Telephone No. (831) 655-0880
NOTE: Withdrawal is effective when approved rather than when received.			